

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/546201	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5	/						55					
6		/					56					
7		/					57					
8		/					58					
9	/						59					
10		/					60					
11		3					61					
12		3					62					
13		1					63					
14		3					64					
15		3					65					
16		3					66					
17		3					67					
18		3					68					
19		3					69					
20		3					70					
21		3					71					
22		3					72					
23		3					73					
24		3					74					
25		3					75					
26	/						76					
27	/						77					
28		2					78					
29		2					79					
30		2					80					
31		2					81					
32		2					82					
33		2					83					
34		5					84					
35		5					85					
36		5					86					
37		5					87					
38		9					88					
39		5					89					
40		5					90					
41		5					91					
42		5					92					
43		5					93					
44		①					94					
45		5					95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		5					TOTAL IND.					
TOTAL DEP.	118						TOTAL DEP.					
TOTAL CLAIMS	123						TOTAL CLAIMS					